

1. NUMBER: FD43-01-002	2. PCN: PB20261	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: February 16, 2001	4. PAGE 1 of 1
5. TO: Barbara Cobb/NPOCB		6. THRU:		7. FROM: FD43/Nelda Hiley	
8. TITLE OF CHANGE: Add GAD Packet to HRF Ground Data Services for Increments 2, 3 and 4					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine			10. NEED DATE: ASAP		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:		
13. RECOMMENDED EFFECTIVITY(IES):			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): Increments 2, 3 and 4 Ground Data Services data sets (Voice/Data/Video)		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER: FD43-99-002, FD43-00-014, FD43-00-019			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) Document changes to Human Research Facility (HRF) requirements for Increments 2, 3 and 4. Add Ground Ancillary Data (GAD) packet requirement (APID 2035) to the first drop inputs for HRF data set in Ground Data Services (GDS).					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input type="checkbox"/> Other (Specify):					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) Add GAD packet APID 2035 to HRF data requirements at JSC TSC location. Sufficient bandwidth currently exists to implement this request without additional cost.					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input checked="" type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input checked="" type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input checked="" type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input checked="" type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: /s/ Nelda Hiley		DATE: February 16, 2001	TELEPHONE NUMBER: 544-5774	OFFICE SYMBOL: FD43	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE